

10-31-07

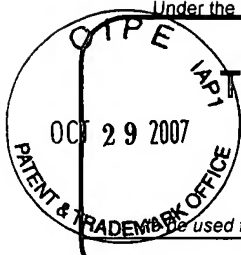
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PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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# TRANSMITTAL FORM

Use for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/675,980

Filing Date

September 30, 2003

First Named Inventor

Yaron Ilan

Art Unit

1648

Examiner Name

Michelle S. Horning

Attorney Docket Number

ENZ-64(CIP)

## ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional ApplicationPower of Attorney, Revocation  
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Enzo Biochem, Inc.

Signature

Printed name

Natalie Bogdanos, Esq.

Date

10/29/07

Reg. No.

51,480

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Amanda Liu

Typed or printed name

Amanda Liu

Date

10/29/2007

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>PIPE FEE TRANSMITTAL</b></p> <p>OCT 29 2007</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>	
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00</p>		<p>Application Number 10/675,980</p> <p>Filing Date September 30, 2003</p> <p>First Named Inventor Yaron Ilan</p> <p>Examiner Name Michelle S. Horning</p> <p>Art Unit 1648</p> <p>Attorney Docket No. Enz-64(CIP)</p>	

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 05-1135 Deposit Account Name: Ronald C. Fedus

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	11/02/2007 WASFAW1 00000035 051135 10675980	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) 01 FC:1806	180.00 DA	50	25
Each independent claim over 3 (including Reissues)		210	105
Multiple dependent claims		370	185
<b>Total Claims</b>			
<b>Extra Claims</b>			
<b>Fee (\$)</b>			
<b>Fee Paid (\$)</b>			
<b>Multiple Dependent Claims</b>			
<b>Fee (\$)</b>			
<b>Fee Paid (\$)</b>			

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

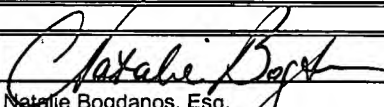
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

**Fees Paid (\$)**

\$ 180.00

<b>SUBMITTED BY</b>		
Signature 	Registration No. (Attorney/Agent) 51,480	Telephone 212-583-0100
Name (Print/Type) Natalie Bogdanos, Esq.		Date 10/29/07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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